

Kentucky Transportation Cabinet Division of Right of Way and Utilities

TC 62-216 09/2010

REQUEST FOR RELOCATION REVIEW/APPEAL

COUNTY		ITEM NO.	PARCEL	NAME		
FUND	FUNCTION	COUNTY NO.	PROGRAM NO.	FEDERAL NUMBER	PROJECT	
Your reque	est for a rev	iew of a relocation	ı on determination	n must be received b	v the Right of Way Supervisor	in the location and by
Your request for a review of a relocation determination must be received by the Right of Way Supervisor in the location and by the date specified below. For assistance in filing your request contact the relocation agent indicated below.						
DISTRICT NO. CITY DATE REQUEST MUST BE RECEIVED RELOCATION AGENT					DI IONE NO	
DISTRICT	10.	CITY	DATE REQUES	I MOST BE RECEIVED	RELOCATION AGENT	PHONE NO.
I request your review of my case concerning relocation assistance benefits for the following reasons:						
Signature					Date	е